

FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1788
Registrar's No. 17

Registration District No. 85

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2107 Penn
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 28 years
years, months or days)

3. (a) PRINT FULLNAME ANNA E. FOELLING

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John Foelling 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 8th. 1849
(Month) (Day) (Year)

8. AGE: Years 91 Months 8 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace Unknown Switzerland
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business home

MOTHER FATHER { 12. Name David Keller
13. Birthplace unknown Switzerland
(City, town, or county) (State or foreign country)
14. Maiden name Mary Boyer
15. Birthplace Unknown Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wm. Wagner

(b) Address 2107 Penn St. Joseph, Mo.

17. (a) Removal (b) Date thereof 1-7-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Atchison Kansas

18. (a) Signature of funeral director FLEEMAN & SON, INC.

(b) Address St. Joseph Mo.

19. (a) 1/8/41 (b) RG Mestelbach
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2107 Penn (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6th.
year 1941 hour 5 minute 00 A. M.

21. I hereby certify that I attended the deceased from Dec. 25
1940 to Jan 6, 1941;
that I last saw her alive on Jan 5, 1941, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Stasis
Due to Influenza
Due to _____

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: none
Of operations _____
Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

85 (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature Gordon Delwight MD (M. D. or other)
Address 845 So 19. St. Joseph, Mo. Date signed Jan 7/41

WRITE PLAINLY—USE UNFADING, BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.